

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2013
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NAME OF PROVIDER OR SUPPLIER

CUMBERLAND VILLAGE GENESIS HEALTHCARE

STREET ADDRESS, CITY, STATE, ZIP CODE

136 DAVIS LANE
LAFOLLETTE, TN 37766

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 047 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide general and emergency lighting at the exit discharges.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on October 22, 2013, between 1:50 p.m. and 2:20 p.m. revealed the following:</p> <ol style="list-style-type: none"> Exit discharge from the secure unit dining room through the fenced in court yard, does not have any emergency power lighting for the sidewalk. Exit discharge by the central oxygen storage room does not have general nightlight and emergency power lighting for the sidewalk until the back of the building. Exit discharge by the staff development room does not have general nightlight and emergency power lighting for the sidewalk until the back of the building. <p>These findings were verified by the maintenance director and acknowledged by administrator during the exit conference on October 22, 2013.</p>	K 047	<ol style="list-style-type: none"> Additional lighting was installed by the Maintenance Director to provide emergency lighting for the exit discharge from the secure unit, the exit discharge by the central oxygen storage room, and the exit discharge by the staff development room on 11/1/13. An audit of all exit discharges in the facility was conducted by the Maintenance Director or designee on 10/25/13. One other exit discharge was found to be without lighting and that lighting was installed on 11/1/13. The Administrator conducted re-education with maintenance staff on ensuring all exit discharges had lighting on 11/1/13. The Maintenance Director or designee will complete an audit of all exit discharges monthly for three months to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the audit of all doors during the monthly 	11/1/13
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating</p>	K 062	<p>Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CUMBERLAND VILLAGE GENESIS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 136 DAVIS LANE LAFOLLETTE, TN 37766		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	<p>Continued From page 1 condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the automatic sprinkler system.</p> <p>The findings include:</p> <p>Record review on October 22, 2013 at 10:00 a.m. revealed no-5 year obstruction investigation test has been conducted on the automatic sprinkler system.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on October 22, 2013.</p>	K 062 K 062	<p>plans of correction will be implemented as necessary.</p> <p>1. A plan of correction is not necessary since the facility had the main branch lines replaced throughout the facility in 2009 per email attachment on 10/25/13 to Fire Safety Specialist at Knoxville Regional Office.</p>	12/12/13	